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<b>State:</b>	Arkansas	<b>Filing Company:</b>	USable Life
<b>TOI/Sub-TOI:</b>	H16G Group Health - Major Medical/H16G.001C Any Size Group - Other		
<b>Product Name:</b>	Group Health Policy Amendment - December 2012 (Pre		
<b>Project Name/Number:</b>	GRP- Group/AR000960100019		

## Filing at a Glance

Company:	USable Life
Product Name:	Group Health Policy Amendment - December 2012 (Pre
State:	Arkansas
TOI:	H16G Group Health - Major Medical
Sub-TOI:	H16G.001C Any Size Group - Other
Filing Type:	Form
Date Submitted:	12/11/2012
SERFF Tr Num:	LSVX-G128805391
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AR000960100019
Implementation	12/11/2012
Date Requested:	
Author(s):	SPI Life and Specialty Ventures
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	12/12/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

**State:** Arkansas **Filing Company:** US Able Life  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** Group Health Policy Amendment - December 2012 (Pre  
**Project Name/Number:** GRP- Group/AR000960100019

## General Information

Project Name: GRP- Group Status of Filing in Domicile:  
Project Number: AR000960100019 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Group Market Type: Employer, Employer, Employer, Overall Rate Impact:  
Employer, Employer, Employer  
Filing Status Changed: 12/12/2012  
State Status Changed: 12/12/2012 Deemer Date:  
Created By: SPI Life and Specialty Ventures Submitted By: SPI Life and Specialty Ventures  
Corresponding Filing Tracking Number:  
  
PPACA: Not PPACA-Related  
  
PPACA Notes: null  
Include Exchange Intentions: No

### Filing Description:

AAttached please find form 42-43 R1/13 for your review and approval if indicated.

The provisions in the preventive health amendment is being modified surrounding influenza vaccinations to clarify that coverage is subject to the Plans allowance for intradermally administered (shots) influenza vaccinations without thimerasol. Thimerasol a mercury-containing organic compound that has been widely used as a preservative in many vaccines since the 1930s. This does not represent a change in benefit but a clarification only.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the amendments as part of the benefit certificates with which they will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which these amendments will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which these amendments are attached.

Please feel free to contact Evelyn Laney at 378-2165 with any questions you may have.

## Company and Contact

### Filing Contact Information

Rob Wittenburg, Legal Product Specialist rwittenburg@usablelife.com  
PO Box 1650 501-212-8877 [Phone] 8877 [Ext]  
Little Rock, AR 72203-1650 501-235-8484 [FAX]

**State:** Arkansas **Filing Company:** US Able Life  
**TOI/Sub-TOI:** H16G Group Health - Major Medical/H16G.001C Any Size Group - Other  
**Product Name:** Group Health Policy Amendment - December 2012 (Pre  
**Project Name/Number:** GRP- Group/AR000960100019

**Filing Company Information**

US Able Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Health
Little Rock, AR 72203-1650	Group Name: Life and Speciality	State ID Number:
(501) 375-7200 ext. [Phone]	Ventures (LSV)	
	FEIN Number: 71-0505232	

**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

Company	Amount	Date Processed	Transaction #
US Able Life	\$50.00	12/11/2012	65638554

<b>SERFF Tracking #:</b>	LSVX-G128805391	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AR000960100019
<b>State:</b>	Arkansas	<b>Filing Company:</b>	USable Life		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/12/2012	12/12/2012

<b>SERFF Tracking #:</b>	LSVX-G128805391	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AR000960100019
<b>State:</b>	Arkansas	<b>Filing Company:</b>	USable Life		
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## Disposition

Disposition Date: 12/12/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Preventive Health Services	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	US Able Life
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## Form Schedule

Lead Form Number: 42-43 R1/13									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	Approved-Closed 12/12/2012	Preventive Health Services	42-43 R1/13	CERA	Revised	Previous Filing Number:	50195	40.800	42-43 R1-13 Preventive Health Services.PDF
						Replaced Form Number:	42-43 R1/12		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages



**AMENDMENT TO THE  
USABLE LIFE  
COMPREHENSIVE MAJOR MEDICAL  
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 42-43  
PREVENTIVE HEALTH SERVICES  
Forms Nos. 41-01, 41-02, 41-03, 41-04, 41-05, 41-06, 41-09**

**TABLE OF CONTENTS**, is hereby amended to add the following new Subsection in 3.0 BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN.

**Preventive Health Services**

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN**, Children's Preventive Services is hereby amended to read as follows.

**Children's Preventive Services.** Subject to all terms, conditions, exclusions and limitations of the Plan set forth in this Benefit Certificate, coverage is provided for children's preventive health care services for eligible Dependents from birth through age eighteen (18), subject to the following limitations:

1. Covered services are limited to age appropriate medical history; physical examination, including routine tests and procedures to detect abnormalities or malfunctions of bodily systems and parts; developmental assessment; anticipatory guidance, including visual evaluation, hearing evaluation, dental inspection for children under two years of age and nutritional assessment; appropriate immunizations; and laboratory tests.
2. Coverage is limited to not more than twenty (20) visits. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.
3. Coverage for any visit is limited to services provided by or under the supervision of a Physician.
4. The Company will pay one hundred percent (100%) of Allowable Charges for children's preventive health care services, or the amounts established by the Arkansas Insurance Commissioner as the reimbursement levels for these services, whichever is greater. However, intradermally administered influenza vaccination(s) and enhanced immunogenicity are subject to the maximum benefit the Plan allows for intramuscular injectable influenza vaccine without thimerosal per Covered Person per Calendar Year.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Prostate Cancer Screenings** is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN, Miscellaneous Health Interventions**, "Adult Immunizations" and "Colorectal Cancer Examinations and Laboratory Tests" are hereby deleted in their entirety. All remaining subsections are hereby renumbered to correlate with the change.

**BENEFITS AND SPECIFIC LIMITATIONS IN YOUR PLAN** is hereby amended to add the following new Subsection.

**Preventive Health Services.** Subject to all terms, conditions, exclusions and limitations of the Plan as set forth in this Benefit Certificate (with the exception of Subsection 2.2.1), the Company will pay one hundred percent (100%) of the Allowable Charges for the routine preventive health services listed below when provided by a Primary Care Physician or an advanced practice nurse or physician's assistant who provides primary medical care in the areas of general practice, pediatrics, family practice, internal medicine or obstetrics/gynecology, which are performed in the Primary Care Physician's office. Coverage is also provided for certain preventive health services listed below when performed in an Outpatient Hospital or Ambulatory Surgery Center setting when the service cannot be performed in an office by a Primary Care Physician. However, for services received by Non-Preferred Provider Physicians, the Company will pay eighty percent (80%) subject to the appropriate Deductible.

1. evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force but not for the related treatment of disease; and
2. routine immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; and
3. with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and
4. with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this subsection; and
5. the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

**SPECIFIC PLAN EXCLUSIONS** is hereby amended to delete Subsections "Preventive Medicine Counseling" and "Screening Test." All remaining Subsections are renumbered to correlate with the change.

**GLOSSARY OF TERMS** is hereby amended to add the following new Subsection. All remaining Subsections are renumbered to correlate with the change.

**Primary Care Physician** means a Preferred Provider Physician who provides primary medical care in one of these medical specialties: General Practice, Pediatrics, Family Practice, Obstetrics/Gynecology or Internal Medicine. This also includes advanced practice nurses or physician's assistants who provide primary medical care in these medical specialties and are performed in the Primary Care Physician's office.

This Amendment becomes a part of the USABLE Life Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.



Jason Mann, President

USABLE Life  
Group Health Division  
[PO Box 1151, 400 West Capitol, Suite 1500  
Little Rock, Arkansas 72203]



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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	12/12/2012
Comments:			
Attachment(s):			
Flesch Certification US Able Life 42-43 R1-13.PDF			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	12/12/2012
Bypass Reason:	Not a policy filing.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	12/12/2012
Bypass Reason:	Not PPACA Related.		



RE:           US Able Life  
Form Nos.   42-43 R1/13

**FLESCH READING EASE  
CERTIFICATION**

This is to certify that the above referenced documents have achieved a Flesch Reading Ease Score average of 40.8 and comply with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Accident and Health Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read "Jason Allen", is written over a horizontal line.

Name

President  
Title

December 10, 2012  
Date